National Data Streams

Application template for outline proposals

SPHN & PHRT (01.06.2021; submission deadline 22.08.2021 23.59 CET)

Cover sheet

|  |  |
| --- | --- |
| **Project acronym/title** | Click here to enter text. |
| **Main applicant (last name, first name)**  | Click here to enter text. |
| **Main applicant’s home institution**  | Click here to enter text. |
| **Main applicant PHRT (last name, first name)**  | Click here to enter text. |
| **Main applicant PHRT’s home institution (if applicable)**  | Click here to enter text. |

General instructions

At <https://sphn.ch/services/funding/nds/>, you will find:

* The NDS Call document and SPHN Funding Regulations, containing all information needed to fill out this form.
* A link to register for the NDS workshop on 21 June 2021, where all interested parties can ask questions on the NDS Call. Attendees are also invited to submit their questions in advance to nds@sphn.ch. Afterwards, the NDS website will contain a FAQ on the NDS Call based on the workshop, and the workshop will be uploaded to the [SPHN YouTube channel](https://www.youtube.com/channel/UCLq1yDxa03GFjgrtdaXJs7A). Is your question still not answered? Send an email to nds@sphn.ch.
* All other documents pertaining to the NDS call (templates, checklist, etc.).
	+ To prepare your application for submission, please use the checklist. This checklist also contains instructions on how and where to submit your documents.

For part B of this application form, applicants can create their own document – if the structure is adhered to and required tables are included.

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Part A: General information

1. Project information

|  |  |
| --- | --- |
| **Project acronym/title** | Click here to enter text. |
| **Project duration (months)** | Click here to enter text. |
| **Project funding start date** **(format MM.DD.YYYY)**  | Click here to enter text. |
| **Prospective funding end date****(format MM.DD.YYYY)** | Click here to enter text. |
| **Amount requested from SPHN (CHF)** | Click here to enter text. |
| **Amount requested from PHRT (CHF)** | Click here to enter text. |
| **Number of co-applicants** | Click here to enter text. |
| **Number of associated applicants** | Click here to enter text. |
| **Joint SPHN-PHRT project application** | [ ]  **Yes** [ ]  **No**  |
| **Institutions involved in the consortium** | e.g., EPFL, UZH, SCTO |
| **Keywords (max. 5)** | Click here to enter text. |

The main applicant(s) hereby confirm(s) that all information provided, including in the attachments, is true and correct and the proposal was prepared with the consent of all persons involved.

Name main applicant: Place, date: Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Name main applicant PHRT (if applicable): Place, date: Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Applicants’ details

2.1 Main applicant for SPHN funding

|  |  |
| --- | --- |
| **Main applicant** **(last name, first name)** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postal code** | Click here to enter text. |
| **City** | Click here to enter text. |
| **Email address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Research/grant office contact (last name, first name, email address)**  | Click here to enter text. |
| **Financial administration contact (last name, first name, email address)** | Click here to enter text. |

* 1. Main applicant from ETH Domain for PHRT funding (if applicable)

|  |  |
| --- | --- |
| **Main applicant PHRT****(last name, first name)** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **City** | Click here to enter text. |
| **Email address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Research/grant office contact (last name, first name, email address)**  | Click here to enter text. |
| **Financial administration contact (last name, first name, email address)** | Click here to enter text. |

* 1. Co-applicants

 Please copy-paste boxes as necessary

|  |
| --- |
| ***Please fill in if applicable*** |
| **Co-applicant 1****(last name, first name)** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **City** | Click here to enter text. |
| **Email address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Research/grant office contact (last name, first name, email address)** | Click here to enter text. |

|  |  |
| --- | --- |
| **Co-applicant 2****(last name, first name)** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **City** | Click here to enter text. |
| **Email address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Research/grant office contact (last name, first name, email address)** | Click here to enter text. |

|  |  |
| --- | --- |
| **Co-applicant 3****(last name, first name)** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **City** | Click here to enter text. |
| **Email address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Research/grant office contact (Last name, first name, email address)** | Click here to enter text. |

|  |  |
| --- | --- |
| **Co-applicant 4****(Last name, first name)** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **City** | Click here to enter text. |
| **Email address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Research/grant office contact (Last name, first name, email address)** | Click here to enter text. |

* 1. Associated applicants

 Please copy boxes if necessary.

|  |
| --- |
| ***Please fill in if applicable*** |
| **Associated applicant 1****(last name, first name)** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **City** | Click here to enter text. |
| **Email address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Research/grant office contact (last name, first name, email address)** | Click here to enter text. |

|  |  |
| --- | --- |
| **Associated applicant 2 (last name, first name)** | Click here to enter text. |
| **Position** | Click here to enter text. |
| **Host institution** | Click here to enter text. |
| **Address** | Click here to enter text. |
| **Postcode** | Click here to enter text. |
| **City** | Click here to enter text. |
| **Email address** | Click here to enter text. |
| **Telephone** | Click here to enter text. |
| **Research/grant office contact (last name, first name, email address)** | Click here to enter text. |

* 1. Reviewers to exclude

Applicants may suggest reviewers to exclude from the evaluation process here.

|  |  |
| --- | --- |
| **Name, institution**  | **Justification**  |
|  |  |
|  |  |
|  |  |

Part B: NDS description

Please use minimal font size of 10 and line spacing of 1.15.

Applicants are advised to create a separate document for part B, if the structure is adhered to and if required tables are included.

1. Executive summary

Max. 1-2 pages. Summarize the background and rationale of the NDS, its vision and objectives, and describe the NDS structure (organization, governance, data flow and data management), aims of the lighthouse research project, envisioned outcomes, and sustainable impact on the research community.

**Goal of the NDS** (1 paragraph)**:**

**Executive summary:**

1. Description of the consortium

Max. 2 pages in total. Consortium composition and organisational set-up should be specifically designed to enable it to function effectively.

Please describe: 1) the expertise of the consortium members, 2) the rationale for the composition of the consortium, 3) how its members complement each other (synergies), and 4) and how the NDS is more than ‘the sum of its parts’ (added value of the consortium as a whole). In addition, sketch an organisational structure and a leadership/management concept that is appropriate to the relevant environment and that indicates a strategy ensuring coherence in research, data governance, and data management.

**Description of the consortium:**

1. NDS baseline

Max. 300 words. Describe the existing (infra)structures that the NDS builds on and complete the table. A ‘structure’ is understood here as any process, service, or product that can be reused for research or in a clinical context (e.g., established research consortium, FAIR datasets, metadata catalogues, biospecimencollections, Standard Operating Procedures, regulatory frameworks, governance/organizational structures, analytical platforms, algorithms). See also Figures 1 and 2 of the call document.

**NDS baseline:**

Complete the table below with all the new and existing (infra)structures of the NDS using keywords.

|  |  |
| --- | --- |
| **‘Structures’ already in place:** | **‘Structures’ to be built by the NDS:** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

*Add, if needed, more rows to the table with the “tab” button.*

1. Data
	1. Data flow

Max. 1 page. Describe the full data lifecycle, from data generation, provision to NDS and curation to integration, analysis, and deposition in FAIR data repository. Add a **graphical impression of the data flow (e.g., figure, flow chart)** and complete the table with data types**,** sources, and standards.

**Data flow:**

|  |  |  |  |
| --- | --- | --- | --- |
| # | **Data type**(e.g., diagnostic data, CT images, or whole-exome sequences) | **Data source**(e.g., UH Clinical Data Warehouse, research database, or analytical platform) | **Interoperability standard**(if already available) |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |

* 1. FAIR principles

Provide statements on how NDS data will be made findable, accessible (to consortium members, for the short and long term, and to the SPHN/PHRT network, research community, and third parties), interoperable, and reusable. Describe which DCC/BioMedIT services will be used, where applicable.

**Accessible:**

**Findable:**

Max. 0.5 page per category.

**Interoperable:**

**Reusable:**

* 1. Data management

Max. 1 page. Describe how data will be technically managed (data quality, data security, data modelling, data lineage tracing, etc., see call document chapter 6.2). How will data curation and annotation by the NDS improve data quality at the source? Describe, where and if applicable, which DCC/BioMedIT services will be used.

**Data management:**

* 1. Data governance

Max. 1 page. Describe under what ethical and legal framework NDS data will be managed (ethics approvals, agreements, etc.; see for templates <https://sphn.ch/services/dtua/>). Describe the organizational processes that will ensure adherence to the framework.

The framework and processes must ensure that long-term, large-scale research projects by the NDS consortium are enabled as well as collaborations with external researchers (see call document chapter 6.2).

**Data governance:**

1. Research

Present a coherent research program for the three years of SPHN/PHRT-funding and the potential for enabling additional research projects in the long-term using the following text boxes.

* 1. Lighthouse research project

Max. 4 pages (excluding bibliography). Describe the state of the art referring to the main research topic, the envisioned contributions to the state of the art, the added value created by interconsortial collaborations, the project’s innovative and multidisciplinary potential and its national and international embeddedness. Formulate the research question and briefly describe the goals of the research project, methodology, work packages, and expected scientific outcome and impact.

**Lighthouse research project:**

* 1. Nested research projects

Max. 2 pages (excluding bibliography). Outline how the lighthouse research project can spawn or support other research projects by, for instance, creating synergies and/or enabling nested projects. If concrete projects that can be integrated/linked into the NDS, outline their research questions, the corresponding state of the art and the intended contributions thereto, as well as their contributions to the overall goals of the NDS.

**Nested research projects:**

* 1. Impact on health decision making

Max. 1 page. Describe if, and, if yes, how, the NDS data and consortium will benefit patients and clinicians. How will data providers and other stakeholders profit from the NDS (e.g., reference data)?

**Feedback loops:**

1. Implementation

Max. 2 pages. Provide an outline description of the work packages, milestones, deliverables, and timelines for the implementation of the NDS. Describe how the project will be overall coordinated and managed.

**Implementation:**

1. Biomedical value chain

Please add a “x” to each step of the biomedical value chain that the NDS addresses, and provide a short statement per applicable value chain link. Assign FTEs to individual tasks. Adding missing value chain links is possible. See also figure 1 and 2 of the call document.

|  |  |  |
| --- | --- | --- |
| **Biomedical value chain link**  | **Addressed in NDS?**  | **Comments**  |
| Patient  |  |  |
| Research question  |  |  |
| Consortium  |  |  |
| Regulatory  |  |  |
| Clinical data  |  |  |
| Clinical samples  |  |  |
| Omics analysis  |  |  |
| Data assembly  |  |  |
| Data curation  |  |  |
| Data analysis  |  |  |
| Research report  |  |  |
| Medical report  |  |  |
| Publication  |  |  |
| Clinical trial  |  |  |
| Tech transfer  |  |  |
| Patient  |  |  |

1. Sustainability

Max. 1 page. Describe which of the structures in the table above can serve the research community long-term. How could these structures be maintained when SPHN/PHRT-funding has ended? What could UHs or other institutions take over, what could be funded with project funding (by SNF or other funders), what would stop after 3 years of NDS funding? Note: please describe realistic expectations; no guarantees are required.

**Sustainability:**

1. Bibliography

Part C: Project resources

Notes:

* State and fully justify the amount of funding considered necessary to fulfil the objectives for the duration of the project. All eligible costs requested should be included in the budget. Please use whole CHF values only.
* Only a draft budget has to be provided for this outline proposal.
* As a rule of thumb, at least 50% of the grant money should be dedicated to showing data interoperability, data management, project management, and quality control.
* In the budget, the resources allocated to hospital IT for providing necessary data in the appropriate format must be specified.

A. Consolidated SPHN budget

|  |
| --- |
| **A. Funds requested from SPHN (summary of the Excel template)** |
| **Cost category** | **Total in CHF** |
| **1. Personnel** |  |
| 1. **Data management and IT salaries**
 |  |
| 1. **Management salaries**
 |  |
| 1. **Research salaries**
 |  |
| **2. Equipment (for facilities and service providers)** |  |
| **Equipment and license costs** |  |
| **3. Consumables** |  |
| **Fees for using services and facilities** |  |
| **4. Miscellaneous** |  |
| 1. **Training costs related to information management and data analysis.**
 |  |
| 1. **Research costs (e.g., equipment, consumables)**
 |  |
| 1. **Other research costs and miscellaneous costs**
 |  |
| 1. **TOTAL funds requested from SPHN**
 |  |

B. Consolidated PHRT budget

|  |
| --- |
| **A. Funds requested from PHRT (if applicable; summary of the Excel template)** |
| **Cost category** | **Total in CHF** |
| **1. Personnel** |  |
| 1. **Data management and IT salaries**
 |  |
| 1. **Management salaries**
 |  |
| 1. **Research salaries**
 |  |
| **2. Equipment (for facilities and service providers)** |  |
| **Equipment and license costs** |  |
| **3. Consumables** |  |
| **Fees for using services and facilities** |  |
| **4. Miscellaneous** |  |
| 1. **Training costs related to information management and data analysis.**
 |  |
| 1. **Research costs (e.g., equipment, consumables)**
 |  |
| 1. **Other research costs and miscellaneous costs**
 |  |
| 1. **TOTAL funds requested from PHRT**
 |  |

C. Own contributions/matching funds

As funding by SPHN requires matching contributions by all applicants, please provide an overview showing how the total amount of funds requested from SPHN funds are planned to be matched by the host institutions. Successful applicants will have to provide further details regarding own contributions before release of the funds.

List below the “cash” contributions from each institution:

|  |  |  |  |
| --- | --- | --- | --- |
| **Institution****(short name)** | **Year** | **Amount in CHF** | **Purpose of use** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

List below the “in kind” contributions from each institution:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Institution****(short name)** | **Resource type** | **Year** | **Amount in CHF** | **Purpose of use** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |
| --- | --- |
| **B. Own contributions to match SPHN funds (summary of above tables)** | **Total in CHF** |
| **1. Total “cash” contributions** |  |
| **2. Total “in kind” contributions** |  |
| 1. **TOTAL own contributions**
 |  |

1. Overall budget summary

|  |  |
| --- | --- |
| **Funding source** | **Total in CHF** |
| 1. **Funding requested from SPHN**
 |  |
| 1. **Own contributions to match SPHN funds**
 |  |
| 1. **Funding requested from PHRT** (only in case of joint project)
 |  |
| 1. **Private funds (third-party):** collaboration with private sector (industry, SMEs, and others)
 |  |

Part D: Annexes

Please include the following annexes in your application as Part D:

* **Budget**: please use the Excel budget template provided on the SPHN and PHRT website. The template is designed in order to be able to make the distinction between funding requested from PHRT and/or SPHN.
* **CV** (max. 2 pages)[[1]](#footnote-1), and **publication list** with the 10 most relevant publications to the project; both documents should be submitted for all applicants. A CV of the project manager (if known) should also be provided.
* For the for the main applicant(s), please add a **statement** describing their management-related experience, skills, and ability to lead, motivate and organize an NDS.
* **Support letters** **from all host institutions** of applicants requesting funding from SPHN acknowledging that own contributions (in cash and/or in kind) and adherence to the current valid version of the Ethical Framework for Responsible Data Processing is required if the project gets funded (see template).
* **Support letters from all data and service providers** not listed as applicants (e.g., university hospital data warehouses, analytical (PHRT) platforms, main BioMedIT node) outlining what services and/or data will be provided and that required resources have been discussed (see template).
1. Please adhere the SNSF guidelines regarding the structure <http://www.snf.ch/en/funding/documents-downloads/Pages/guidelines-cv-research-output-list.aspx> [↑](#footnote-ref-1)